

CHILD ABUSE AND NEGLECT  
INVESTIGATION REPORT

Completion of this form is required by s. 48.981, Wisconsin Statutes. This form is to be sent to the Division of Supportive Living/AO-IS Unit **immediately** upon completion of the investigation. Investigations are to be completed within 60 days from receipt of report.

1 CAN investigation ID XXXXXX	Indep. Invest. <input type="checkbox"/>
2 Worker Number XXXXXX	
3 Reporting Unit XXXXXX	

4 Date - Report Received XX X   X   X   X   X	5 Reporter X	6 A / N Type 25	9 Date - Investigation Completed X   X   X   X   X   X	11 Siblings not A / N XX
7 Date - Face to Face Initial Contact X X   X   X   X   X	8 Family Characteristics / Conditions X		10 Family Safety Services X	12 Local Information XXXX

MALTREATER INFORMATION				
	13 Code	14 Age	15 Sex (M/F/U)	16 Ethnic Code
	A			
	B			
	C			

EXAMPLE #4-b

CHILD INFORMATION														
	17 Child Code	18 Age	19 Sex (M / F)	20 Ethnic Code	21 Disability	22 Injuries or Indicators of Maltreatment	23 Med Attn. (Y / N)	24 Prior A / N (Y/ N/ U)	25 Maltreater Rel.			26 Investigation Disposition		
									A	B	C			
XXXXXX	01	12	X	X		X	X	X	94			X		
	02													
	03													
	04													
	05													

INCIDENT INFORMATION										Note: L & NF for use with code 51 ONLY				
27 Child Code		28 A / N Type	29 Maltreater Involved			30 Findings (S / U / N) (or L / NF)	27 Child Code		28 A / N Type	29 Maltreater Involved			30 Findings (S / U / N) (or L / NF)	
			A	B	C					A	B	C		
01	XXXXXX	25	94			S	04							
02							05							
03														

SIGNATURE - Supervisor